

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

942697

A34463(071308.0222)

## CLAIMS AS FILED - PART I

|                                                           | (Column 1)   | (Column 2)   |
|-----------------------------------------------------------|--------------|--------------|
| TOTAL CLAIMS                                              | 5            |              |
| FOR                                                       | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 5 minus 20 = | 0            |
| INDEPENDENT CLAIMS                                        | 1 minus 3 =  | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

## SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X40=      |        | OR | X80=      |        |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 710.00 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

6-27-05

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | 10                               | 5                                  |               |
| Independent                                                             | 2                                |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDITIONAL FEE | OR | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

11-17-05

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | 10                               | 10                                 |               |
| Independent                                                             | 2                                | 2                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDITIONAL FEE | OR | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

|                                                                         | (Column 1)                       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  |                                    |               |
| Independent                                                             |                                  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE       | ADDITIONAL FEE | OR | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X40=       |                | OR | X80=       |                |
| +135=      |                | OR | +270=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy